

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **101730206**
APPLICATION

FILED DATE

12/30

CLAIMS

	AS FILED		AFTER FIRST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1															
2		1	1		1										
3		1			1										
4	1		1		1										
5		1			1										
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8		1			1										
9		1			1										
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48															
49															
50															
TOTAL IND.		2	2		2										
TOTAL DEP.		21	17		20										
TOTAL CLAIMS		23	19		22										
TOTAL IND.															
TOTAL DEP.															
TOTAL CLAIMS															